

EMPLOYMENT OPPORTUNITY

20 East Sixth Street • Tempe, Arizona 85281 • 480/350-8276 • TDD 480/350-8400
<http://www.tempe.gov>

Committed to Equal Opportunity and Reasonable Accommodation



PLAN CHECK ENGINEER **(2 vacancies)** **(Development Services – Building Safety)**

OPENING DATE: Monday, October 17, 2005

CLOSING DATE: Open until the needs of the City are met. First review of applications will be **Monday, October 31, 2005**; position may close at that time.

ANNUAL SALARY RANGE

\$51,133 - \$69,028

This position is currently listed as FLSA Exempt - not eligible for overtime compensation

MINIMUM QUALIFICATIONS

Equivalent to a Bachelor's degree from an accredited college or university with major course work in civil, structural, mechanical, electrical engineering or a related field. In addition, requires three years of responsible building construction experience with commercial, industrial and multi-family projects, including experience in civil engineering, structural engineering, mechanical systems, electrical systems, or plumbing systems. If requesting veteran preference, the appropriate DD214 must be attached at the time of application. The attached supplemental questionnaire form must be completed and returned with your City of Tempe application.

REPRESENTATIVE DUTIES

- Examine plans and specifications for commercial, industrial and multi-family projects to determine compliance with the provisions of the City's building codes and zoning ordinance.
- Identify defects or inadequacies; prepare plan check correction reports and require that corrections be made to meet the requirements of pertinent City codes.
- Approve plans that comply; approve permits for construction; analyze engineering designs and calculations; evaluate engineering reports and analyze reports.
- Confer with architects, engineers, contractors and owners on proposed projects to resolve unusual problems.
- Make field inspections to determine engineering integrity or proper installation of unusual design, materials or equipment; identify defects or inadequacies found; require that deficiencies be corrected to meet requirements of applicable codes.
- Respond to questions and advise architects, inspectors, engineers and the public regarding all codes and zoning ordinance; may advise building inspectors of unusual design, construction or installation problems.
- Classify and log new projects for plan check; create plan check, project and site data files on automated permit system; enter permit data into the system; revise data as project status and details change; perform related duties as assigned.
- For the complete job description go to: <http://www.tempe.gov/hrcc/docs> .

SELECTION CRITERIA

An official City of Tempe application must be filled out in order to qualify for this position. Applicants whose experience and training most closely suit the needs of the City may be selected for further testing/interviews. **Falsifying information or lying during any stage of the selection/promotional process will make you ineligible for continued employment with the City.**

RECRUITMENT CODE: 1905

BRG/pmm

PLAN CHECK ENGINEER SUPPLEMENTAL QUESTIONNAIRE

1. Please circle the number which best describes your structural proficiency based on actual training and experience as it relates to:

| | None | | Some | | High |
|---------------------------|------|---|------|---|------|
| Wood Construction | 1 | 2 | 3 | 4 | 5 |
| Masonry Construction | 1 | 2 | 3 | 4 | 5 |
| Steel Construction | 1 | 2 | 3 | 4 | 5 |
| Reinforced Concrete | 1 | 2 | 3 | 4 | 5 |
| Precast Concrete | 1 | 2 | 3 | 4 | 5 |
| Post Tension Construction | 1 | 2 | 3 | 4 | 5 |

2. Please circle the number which best describes your structural proficiency based on actual training and experience as it relates to:

| | None | | Some | | High |
|-----------------|------|---|------|---|------|
| Electrical | 1 | 2 | 3 | 4 | 5 |
| Mechanical | 1 | 2 | 3 | 4 | 5 |
| Plumbing | 1 | 2 | 3 | 4 | 5 |
| Fire Sprinklers | 1 | 2 | 3 | 4 | 5 |

For the next two questions, please write your response on a separate piece of paper (typed or handwritten). Just indicate the number you are answering.

3. Occasionally we receive requests from electrical engineers to allow the elimination fire sprinklers from electrical equipment rooms. There are certain areas in a building where fire sprinklers can be eliminated. What is your opinion on allowing the elimination of fire sprinklers in electrical equipment rooms?
4. We are frequently asked to issue permits when complete structural calculations are not available. An example would be the use of a truss waiver or deferred submittal. How do you feel about such a procedure?

Print Name

Date

Applicant's Signature

Date



City of Tempe / Application for Employment

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / <http://www.tempe.gov>

The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.

The City of Tempe Promotes a Drug and Alcohol Free Workplace.

DIRECTIONS:

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

1. Position Applying For: _____ Recruitment Code (RC#): _____
2. Name (Last, First, Middle Initial): _____
3. Social Security Number: _____
4. Mailing Address: _____
Street Address City State Zip
5. Phone Number: HOME: _____ WORK: _____
6. Driver's License (Number, State, Class): _____
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No
8. Have you ever worked for the City of Tempe? Yes No If Yes, from _____ (Mo/Yr) to _____ (Mo/Yr)
If you are a current City of Tempe employee, are you: Temporary? Regular?
Have you completed your initial six (6) month probationary period? Yes No
9. To assist us with verifying previous work experience and /or education, please list other names you have gone by:

10. Type of position you will accept: Full Time Part Time Regular Temporary
11. Are you claiming Civil Service Preference for Veteran's under ARS 38-492:
 - As a qualified or disabled veteran? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
 - As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
12. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If Yes, indicate his/her **Name, Position, and Relationship to you:**

DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE

Q ☐ NQ ☐ A ☐ B ☐ C ☐ Application Entered ☐
HR Review ☐ _____ Date _____ Department Review ☐ _____ Date _____

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

13. Do you have a High School Diploma or a G.E.D.? Yes No

14. Education from an **Accredited** College/University:

| College: | Major: | Type of Degree: | Degree Completed: | Credit Hours: |
|----------|--------|-----------------|-------------------|---------------|
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |

15. Trade and/or Technical Schools:

| Trade/Technical School: | Subject Studied: | Type of Degree: | Degree Completed: | Credit Hours: |
|-------------------------|------------------|-----------------|-------------------|---------------|
| | | | Yes No | |
| | | | Yes No | |

16a. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position:***

| Type of Professional Registration, License, and/or Certification: | License Number (if applicable): | Date Received: | Expiration Date (if applicable): |
|---|---------------------------------|----------------|----------------------------------|
| | | | |
| | | | |

16b. Special training ***that relates to this position:***

| |
|--|
| |
|--|

17. List computer software program(s) with which you are proficient in operating ***that relate to this position:***

| |
|--|
| |
|--|

18. List equipment with which you are proficient in operating ***that relate to this position:***

| |
|--|
| |
|--|

19. Language Proficiency (Other than English):

| Language: | Speak: | Read: | Write: |
|-----------|-----------|-----------|-----------|
| | Yes No | Yes No | Yes No |
| | Yes No | Yes No | Yes No |
| | Yes No | Yes No | Yes No |

20. **May we contact your current employer if you are considered for hire/promotion?** Yes No

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated ***solely*** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Present/Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Present/Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | |
|---|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | | | |
|--------------------------------|---------------------------------|-----|---------|
| Employer: | Type of Business: | | |
| Address: | Phone: | | |
| Job Title: | Number of Employees Supervised: | | |
| Supervisor (Name/Title/Phone): | | | |
| Employment Dates: from | (Mo/Yr) | to | (Mo/Yr) |
| Total Time Employed: | | Yrs | Mos |
| Hours Per Week: | Ending Wage: \$ | | Per |
| Work Performed: | | | |
| Reason for Leaving: | | | |

21. Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?

Yes No If Yes, please explain:

| |
|--|
| |
|--|

22. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.

Yes No If Yes, provide charges, dates and locations:

| |
|--|
| |
|--|

Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL .

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

By checking this box and typing your name below, you certify that you have read and understand the above paragraph.

Print Applicant's Name: _____ Date_____

Applicant Signature_____ Date_____

The City of Tempe does not accept faxed copies of applications.



Voluntary Employment Data Record

Completing this form is optional. This information will be filed separately from your application and will not be used for recruitment purposes.

Position Applied for: _____ RC#: _____

Name: _____ Date: _____
Last First

Gender: Female Male

Disabled: Yes No

Ethnic Group:

White

Black

Hispanic

Asian

American Indian

Other

Age Group:

16 and under

17 – 20

21 – 29

30 – 39

40 +

Highest grade completed: _____

How did you hear about this position: _____